

AO 435 (Rev. 10/23)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
Instructions		TRANSCRIPT ORDER		DUE DATE:	
1. NAME Marc Fenster		2. PHONE NUMBER (310) 826-7474		3. DATE 11/19/2024	
4. DELIVERY ADDRESS OR EMAIL rak_headwater@raklaw.com		5. CITY Los Angeles		6. STATE CA	7. ZIP CODE 90025
8. CASE NUMBER 2:23-cv-00379-JRG-RSP		9. JUDGE Roy S. Payne		DATES OF PROCEEDINGS	
		10. FROM 11/19/2024		11. TO 11/19/2024	
12. CASE NAME HEADWATER RESEARCH LLC v. T-MOBILE US, INC. ET		LOCATION OF PROCEEDINGS			
		13. CITY Marshall		14. STATE TX	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Markman Hearing	
<input type="checkbox"/> BAIL HEARING				11/19/2024	
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
30-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
7-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES 1		
Next-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
2-Hour	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00
18. SIGNATURE /s/ Marc Fenster				PROCESSED BY	
19. DATE 11/19/2024				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	
TRANSCRIPT RECEIVED				LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	

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